

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Purnendu Shekhar Ojha, *et al.*

Attorney Docket No.: NXTGP001X2

Application No.: 09/493,750

Examiner: Unassigned

Filed: January 28, 2000

Group: 2768

Title: METHODS AND APPARATUS FOR
FACILITATING TRANSACTIONS

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Signed: _____

Pat Floris

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
**Application Processing Division's
Customer Correction Branch**
Washington, DC 20231

Sir:

Enclosed is a red-inked copy of the Filing Receipt for the above-identified patent application. Please correct the Filing Receipt as follows and reprint and mail the corrected copy to the undersigned.

Please correct the **Continuing Data as Claimed by Applicant** to read as follows:

THIS APPLICATION IS A CIP OF 09/401,119 09/21/1999
WHICH IS A CON OF 09/265,511 03/09/1999
AND CLAIMS BENEFIT OF 60/157,552 10/04/1999
AND CLAIMS BENEFIT OF 60/129,846 04/16/1999
AND CLAIMS BENEFIT OF 60/117,118 01/25/1999

Since this is a Patent Office typographical error, no fee should be due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account 50-0388 (Order No. NXTGP001X2).

Respectfully submitted,

BEYER WEAVER & THOMAS, LLP

Joseph M. Villeneuve
Registration No. 37,460

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Mountain View, CA 94042-0130
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FILING RECEIPT

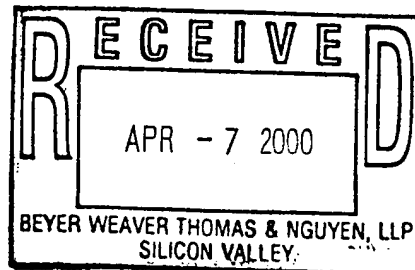


OC00000005024308

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT. CLAIMS	RECEIVED
09/493,750	01/28/2000	2768	399	NXTGP001X2	45	26	JUN 9 2000 3

22434
BEYER WEAVER & THOMAS LLP
PO BOX 130
MOUNTAIN VIEW, CA 94042-0130



COPY

Date Mailed: 04/03/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Purnendu Shekhar Ojha, San Francisco, CA ;
Franklin Richard Schmidt, San Francisco, CA ;

Continuing Data as Claimed by Applicant

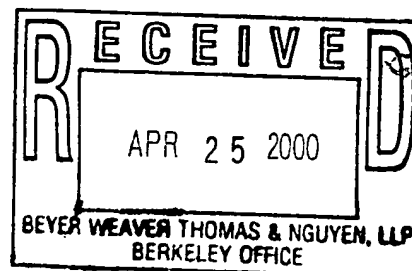
THIS APPLICATION IS A CIP OF 09/401,119 09/21/1999
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~~AND A CON OF 09/265,511 03/09/1999~~
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 AND CLAIMS BENEFIT OF 60/117,118 01/25/1999 60/157,552 10/04/1999
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 AND CLAIMS BENEFIT OF 60/129,846 04/16/1999
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~~AND CLAIMS BENEFIT OF 60/129,846 04/16/1999~~
 AND CLAIMS BENEFIT OF 60/117,118 01/25/1999

Foreign Applications

If Required, Foreign Filing License Granted 04/01/2000

** SMALL ENTITY **

Title



Filing Rec correct due 5/3/2000
YMV

Methods and apparatus for facilitating transactions

Preliminary Class

705

Data entry by : BELL, DOROTHY

Team : OIPE

Date: 04/03/2000



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

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SERIAL NUMBER 09/493,750	FILING DATE 01/28/2000 RULE -	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. NXTGP001X2
APPLICANTS Purnendu Shekhar Ojha, San Francisco, CA ; Franklin Richard Schmidt, San Francisco, CA ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/401,119 09/21/1999 WHICH IS A CON OF 09/265,511 03/09/1999 AND CLAIMS BENEFIT OF 60/157,552 10/04/1999 AND CLAIMS BENEFIT OF 60/129,846 04/16/1999 AND CLAIMS BENEFIT OF 60/117,118 01/25/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/01/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 45	TOTAL CLAIMS 26
				INDEPENDENT CLAIMS 3
ADDRESS 22434				
TITLE Methods and apparatus for facilitating transactions				
FILING FEE RECEIVED 399	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
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